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Declaration

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

Declaration

PTO/SB/01 (12-97)

Approved for use through 9/30/00.OMB 0651-0032

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COMPLETE IF KNOWN

29877.702.201

Not Assigned

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Filing Date

Attorney Docket Number

First Named Inventor

Application Number

Submitted	Submitte	itted after Initial	Filing I	Date	_ HI	EKEWITH	<u> </u>		
with Initial Filing		(surcharge FR 1.16(e))	Group	Art Unit N		ot Assigned			
·g	required		Exami	ner Name	No	ot Assigned			
As a below named Inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
riames are listed below) t	or the subject matt	er writer is clair	neu anu i	or which a pater		the invention enti-	uea:		
PHARMACEUTICAL DISTRIBUTION DEVICE									
(Title of the Invention)									
the specification of which ☑ is attached hereto									
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as									
amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
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America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate.									
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Prior Foreign Application Number(s)	Country	Foreign Fili (MM/DD/		Priority Not Claimed		Certified Cop YES	by Attached? NO		
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:									
I hereby claim the benefit u					lication(s) liste	ed below.			
Application Numbe	er(s)	Filing Date	(MM/DD	/YYYY)					
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(Page 1 of 2)

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U.S. Parent Application or PCT Parent Number			F	Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)		
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Additional U.S	. or PCT international appli	cation numbers a	re listed on	a supplem	nental priority	data she	et PTO/SE	3/028 attached hereto.	
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Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.									
Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☑ Correspondence address below									
Name	me James R. Shay								
Address	Wilson Sonsini Goodrich & Rosati								
Address	650 Page Mill Road								
City	Palo Alto				CA	ZIP	94304		
Country	U.S.	Telephone	650-49	3-9300	300 Fax 650-493-6811				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor									

Given Name (first and middle (if any) **Family Name or Surname** Nancy G Pile Inventor's Signature 13/04 Date Residence: City Mili Valley State CA Country USA Citizenship USA **Post Office Address** 817 Ridgeview Drive **Post Office Address** Millvalley, CA 94941 City Millvalley State CA ZIP 94941 Country USA ☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto: